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SUFFOLK COUNTY CLERK
RECORDS OFFICE
RECORDING PAGE

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Type of Instrument: POWER OF ATTORNEY/DOP **Recorded: 04/14/2006**
Number of Pages: 5 **At: 09:06:05 AM**
Receipt Number : 06-0037631

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LIBER: D00012445
PAGE: 381

District:	Section:	Block:	Lot:
0200	882.00	04.00	001.000

EXAMINED AND CHARGED AS FOLLOWS

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Received the Following Fees for the Above Instrument

		Exempt			Exempt
Page/Filing	$15.00	NO	Handling	$5.00	NO
COE	$5.00	NO	NYS SRCHG	$15.00	NO
Cert.Copies	$6.25	NO	RPT	$30.00	NO
SCTM	$0.00	NO			
			Fees Paid	$76.25	

THIS PAGE IS A PART OF THE INSTRUMENT
THIS IS NOT A BILL

Judith A. Pascale
County Clerk, Suffolk County

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1 2

Number of pages

TORRENS

Serial # _____

Certificate # _____

Prior Ctf. # _____

RECORDED
2006 Apr 14 09:06:05 AM
Judith A. Pascale
CLERK OF
SUFFOLK COUNTY
L D00012445
P 381

Deed / Mortgage Instrument	Deed / Mortgage Tax Stamp	Recording / Filing Stamps

3 FEES

Page / Filing Fee 15.00

Handling 5.00

TP-584 _____

Notation _____

EA-52 17 (County) _____ Sub Total 20

EA-5217 (State) _____

R.P.T.S.A. 30.00

Comm. of Ed. 0.00

Affidavit _____

Certified Copy 6.25

NYS Surcharge 15.00

Other _____

Sub Total 56.25

Grand Total 76.25

Mortgage Amt. _____

1. Basic Tax _____

2. Additional Tax _____

Sub Total _____

Spec./Assit.
or
Spec. /Add. _____

TOT. MTG. TAX _____

Dual Town _____ Dual County _____

Held for Appointment _____

Transfer Tax _____

Mansion Tax _____

The property covered by this mortgage is or will be improved by a one or two family dwelling only.

YES _____ or NO _____

If NO, see appropriate tax clause on page # _____ of this instrument.

4	Dist. 0200	Section 88200	Block 0400	Lot 001.000

5 Community Preservation Fund

Consideration Amount $ _____

CPF Tax Due $ _____

Real Property Tax Service Agency Verification

0200 88200 0400 001000

PTS RLPA A 14-APR-06

Improved _____

Vacant Land _____

TD _____

TD _____

TD _____

6 Satisfactions/Discharges/Releases List Property Owners Mailing Address

RECORD & RETURN TO:

Antoinette Salzman
88 Hawthorne Street
Mastic NY 11950

7 Title Company Information

Co. Name All State Abstract

Title # SS8547-CFS

8 Suffolk County Recording & Endorsement Page

This page forms part of the attached power of attorney made by:
(SPECIFY TYPE OF INSTRUMENT)

Connie Guinta

Sandra G. TO Guinta

The premises herein is situated in
SUFFOLK COUNTY, NEW YORK.

In the Township of Brookhaven

In the VILLAGE

or HAMLET of _____

BOXES 6 THRU 8 MUST BE TYPED OR PRINTED IN BLACK INK ONLY PRIOR TO RECORDING OR FILING.

(over)

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IMPORTANT NOTICE

If the document you've just recorded is your **SATISFACTION OF MORTGAGE**, please be aware of the following:

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If a portion of your monthly mortgage payment included your property taxes, *you will now need to contact your local Town Tax Receiver so that you may be billed directly for all future property tax statements.

Local property taxes are payable twice a year: on or before January 10th and on or before May 31st. Failure to make payments in a timely fashion could result in a penalty.

Please contact your local Town Tax Receiver with any questions regarding property tax payment.

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Babylon Town Receiver of Taxes
200 East Sunrise Highway
North Lindenhurst, N.Y. 11757
(631) 957-3004

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Brookhaven Town Receiver of Taxes
250 East Main Street
Port Jefferson, N.Y. 11777
(631) 75-0236

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East Hampton Town Receiver of Taxes
300 Pantigo Place
East Hampton, N.Y. 11937
(631) 324-2770

Huntington Town Receiver of Taxes
100 Main Street
Huntington, N.Y. 11743
(631) 351-3217

Islip Town Receiver of Taxes
40 Nassau Avenue
Islip, N.Y. 11751
(631) 224-5580

Riverhead Town Receiver of Taxes
200 Howell Avenue
Riverhead, N.Y. 11901
(631) 727-3200

Shelter Island Town Receiver of Taxes
Shelter Island Town Hall
Shelter Island, N.Y. 11964
(631) 749-3338

Smithtown Town Receiver of Taxes
99 West Main Street
Smithtown, N.Y. 11787
(631) 360-7610

Southampton Town Receiver of Taxes
116 Hampton Road
Southampton, N.Y. 11968
(631) 283-6514

Southold Town Receiver of Taxes
53095 Main Street
Southold, N.Y. 11971
(631) 765-1803

Sincerely,

Edward P. Romaine

Edward P. Romaine
Suffolk County Clerk

dw
2/99

12-0104.: 07/02rg

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- General Power of Attorney, Statutory Short Form, Durable Form (Rev. 1/1/97)
form made 1/1/1999 for acknowledgement)

SS8547-
CFSY

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DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM

THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

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(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503. WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.

Not For Legal Use

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

Not For Legal Use

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

2/0200
3/83.00
B/04.00
L/001.000

THIS is intended to constitute a **DURABLE GENERAL POWER OF ATTORNEY** pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, Connie Guinta residing at 92 Shinnock Avenue, Mastic, NY 11950 do hereby appoint:

Sandra G. Guinta, P.O. Box 14, Mastic, NY 11950
NOT MAIN ST.

(If 1 person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, choose one of the following two choices by putting your initials in one of the blank spaces to the left of your choice:)

( ) Each agent may SEPARATELY act.

( ) All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law and to the extent that I am permitted by law to act through an agent:

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- General Power of Attorney, Statutory Short Form, Durable Form (Rev. 1/1/97)
(amended 9/1/1999 for acknowledgement)

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(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you want to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)

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(C &) (A) real estate transactions;
( ) (B) chattel and goods transactions;
( ) (C) bond, share and commodity transactions;
(C &) (D) banking transactions;
( ) (E) business operating transactions;
( ) (F) insurance transactions;
( ) (G) estate transactions;
( ) (H) claims and litigation;
( ) (I) personal relationships and affairs;
( ) (J) benefits from military service;
(C &) (K) records, reports and statements;
( ) (L) retirement benefit transactions;
( ) (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate $10,000 to each of such persons in any year;
( ) (N) tax matters;
( ) (O) all other matters;
( ) (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;
( ) (Q) each of the above matters identified by the following letters:

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** This Power of Attorney was created and is to be used for the sole and specific purpose of completing the refinance of the premises located at 92 Shinnock Ave Mastic, NY by means of HELOC provided by National City Bank with a total credit limit of $150,000.00, loan number 0004078266.

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

This durable power of attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint

to be my agent for all purposes hereunder.

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- General Power of Attorney, Statutory Short Form, Durable Form (Rev. 1/1/97)
(amended 9/1/1999 for acknowledgement)

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TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

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THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

IN WITNESS WHEREOF I have hereunto signed my name this day of , in the year

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(YOU SIGN HERE:) = = > Connie Guinta

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STATE OF New York **, COUNTY OF** Suffolk **ss.:**

On the 17th day of May in the year 2005 , before me, the undersigned, personally appeared, Connie Guinta , personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

[*NOTE: if the acknowledgment of the principal is taken outside NY State, please enter the name of the State or country in the caption above. In such case, the following lines are added to and made a part of this acknowledgment:*

. and that such individual made such appearance before the undersigned in the

(insert the city or other political subdivision and the State or country or other place the acknowledgment was taken)]

(Notary Public)

SETH I. BEN-EZRA
Notary Public, State of New York
Registration #02BE5051456
Qualified In Nassau County
My Commission Expires Nov. 6, 20

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(amended 9/1/1999 for acknowledgement)

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Affidavit of Attorney-in-fact

STATE OF , COUNTY OF ss.:

being duly sworn, depose(s) and say(s) that deponent has this day confirmed that the principal is alive and has neither revoked nor modified the foregoing power of attorney, which remains in full force and effect.

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Deponent makes this affidavit knowing that

rely on the truth of the statements made herein in accepting the use of the foregoing power of attorney.

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Sworn to before me this day of in the year

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General Power of Attorney

Statutory Short Form - Durable Power

TITLE NO.

TO

RETURN BY MAIL TO:
Antoinette Salzman
88 Hawthorne Street
Mastic NY 11950

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

DISTRIBUTED BY

YOUR TITLE EXPERTS
The Judicial Title Insurance Agency LLC
800-281-TITLE (8485) FAX: 800-FAX-9396